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· ·	iling Label Number	<u>v341151595US</u>			
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. (	Commissioner for x 1450, Alexandria, V	Patents			
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COMM	IISSIONER FOR	R PATENTS		DUCKL	I NO. LEED 2 00300
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Alexan	dria, Virginia 22	313-1450			
Sir:					
<del>~</del> ====	This is a reque	st for the filing of an Origir	-al (-annrovisional) Pater	-+ Annlication	
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		rewith for filing under 37 (			titled:
WEAR	RESISTANT D	RIVE ROLLER FOR WIR	E FEEDING MECHANI	SM	<u> </u>
<u>X</u>	The inventor(s	) of the subject patent appli	ication are as follows: <u>Ē</u>	dward Enyedy	
	<u>→</u>				
a to the					
	Enclosed are:				
<u>X</u>	14 Pages	of the specification, abstra	ct and claims.		
<u>X</u>	1 Sheets	s of drawings.			Great Control of the
<u>X</u>	Declaration or				
v		isclosure Statement, PTO-1	440 and copies of IDS c	testiana.	
<b>A</b>					
·		on is not to be published ur			
	in the applicat	tion has not been and will	not be the subject of an a	application filed	l in another country, o
	under a multil	ateral international agree	ement, that requires pub	lication at eight	een months after filing
X	The Assignee (	of this application is Lincol	n Global, Inc., a Delawar	e Corporation	
	- 1117 1 1110	A tilin appropriate	II Global Maria	1	
The tee	has been calcula	ated as shown below.			· · · · · · · · · · · · · · · · · · ·
			Claims as File	ed	
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For		Number Filed	Number Extra	Rate	Basic Fee \$750.00
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Total		20 -		- ¢18	ቀ ባለ ለበ
Claim	<u>1S</u>	25 -20 =	5	x \$18	\$ 90.00
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		Claims as Filed		
For	Number Filed	Number Extra	Rate	Basic Fee \$750.00
Total Claims	25 -20 =	5	x \$18	\$ 90.00
Independent Claims	4 -3=	1	x \$84	\$ 84.00
		Total Filing Fee>		\$ 924.00

X	Assignment	(\$40.00).

A check in the amount of \$964.00. to cover the required fees is enclosed.

X General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees. Should any additional fees be required in connection with this application, during the entire pendency of the application, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

FAY, SHARPE, FAGAN, MINNICH & McKEE

By:

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